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Cultivating Compassion in Students for End-Of-Life Processes: A Mixed-Methods Participatory Research Protocol

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ABSTRACT

Aims: To analyse the impact of a participatory process of awareness and reflection on compassion, in the face of end-of-life processes, in students aged 12–23 years in six Spanish regions, and to understand how the participatory process can transform their compassion.

Design: Mixed sequential transformative methodology with different phases. In the first phase, a prospective quasi-experimental design with evaluation pre-post in a single group will be adopted. The second phase is the intervention under study, which will consist of a Participatory Action Research with concurrent evaluations.

Methods: In the quantitative phase, 1390 students aged 12–23 from a Public University and a Public Secondary Education Institute across six different Spanish regions will be included. A single questionnaire will be administered before and after the Participatory Action Research to contribute to the process evaluation, incorporating four scales (compassion for others' lives, Death Anxiety Scale, basic empathy modified for adolescents and self-compassion). Responses will be recorded in the Research Electronic Data Capture system. For data analysis, comparison groups, change evolution and associations between variables will be examined, along with multivariate logistic regression models. In the qualitative phase of participatory action research, a promoter group will be established in each university and secondary school in every region. Qualitative data will be analysed

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following the authenticity, transferability, auditability and neutrality criteria. Discourse analysis triangulation will be conducted to achieve data saturation.

Conclusions: Implementing participative action research in the educational environment to improve students' compassion makes them capable of founding compassion communities to help those who have a terminal illness.

Reporting Method: This study will adhere to the relevant EQUATOR guidelines, such as the Good Reporting of a Mixed Methods Study guideline, to efficiently report its results through the different steps of this mixed-methods study.

Patient or Public Contribution: Participatory action research is a method that enables participants to act as researchers of the phenomenon under study, facilitating the immediate application of results within the context. Although students did not participate in the writing of the proposal grant or the research design.

Trial and Registration: This study registered on Clinical Trials (NCT06310434), was initiated in January 2024, and it will continue up to December 2026.

Nursing Implications: This multicentre study will contribute to the nursing community with an overview of compassion for those at the end of their lives among young people and provide the knowledge needed to cultivate compassion at universities and schools.

Impact: Implementing compassion programmes and death education in the educational environment will empower students to create a compassionate community. The double evaluation of the process will contribute to the qualitative databases.

1 | Introduction

An estimated 40 million people annually require palliative care (PC), and this number is expected to rise due to the increasing burden of non-communicable diseases and an ageing population (WHO 2020). The growing dependency and demand for health and social services have overwhelmed the system, preventing it from adequately addressing the needs of citizens. Consequently, there is a growing call for more integrated, community-based care (Librada-Flores et al. 2020). From this situation, the movement of Compassionate Communities (CC), which has been implemented in 19 countries, is empowering individuals to care for community members facing advanced illness and PC (Liu et al. 2022).

Embedding compassion into the community mitigates the isolation experienced by individuals with terminal illnesses and fosters the development of supportive social networks (Vitorino et al. 2024). The cultivation of compassion within the community necessitates the integration of health promotion, community support and PC, with nursing playing a pivotal role across all these domains (Liu et al. 2022). Engaging schools, workplaces and local businesses is essential to utilise underused resources and strengthen community-based support systems (Kellehear 2020).

Educational institutions can develop a more supportive environment for people who are living with any disability and offer awareness-raising activities toward serious illnesses, death, mourning and compassion. Evidence suggests that students with lower levels of compassion report higher stress levels, highlighting the potential benefits of integrating compassion-focused interventions in educational settings (Román-Calderón et al. 2024). According to students, a compassionate educational environment should assemble compassion policies and procedures and support normalising death, illness, and bereavement terms through awareness-raising, community engagement and increasing compassion community cultural literacy (Bakelants et al. 2024).

The majority of children have indicated a lack of adequate information regarding life-threatening illnesses and have expressed difficulty engaging in conversations about death (Eklund et al. 2020). Therefore, exploring death with young people enables them to cope with loss, death and grief. Students benefit from death interventions, acknowledging others' feelings, learning how to respect differences, and creating an environment where they feel safe to talk about death (Bakelants et al. 2024). Health researchers could facilitate the space needed and suggest activities to address compassion and death. Classroom interventions guided by nurses increase students' knowledge about a topic and provide support, empowerment and a collective sense of belonging (Aekwarangkoon et al. 2022).

Most of the international experience has been developed in education and awareness programs on death and dying, with different frameworks, but with few activities focused on strengthening community action and with little evaluation at the community level (Bakelants et al. 2024; Dumont et al. 2022; Hasson et al. 2022; Librada-Flores et al. 2020). Specifically, research of high quality is needed in order to recognise patterns and strategies that include a reflexivity process that benefits participants in cultivating compassion (Kennedy and Gardner 2022). In this sense, mixed methods and participatory designs allow for the design of more equitable, person-centred, and context-appropriate clinical plans, strategies and practices (Fàbregues et al. 2020).

2 | Background

The term *terminal illness* has been defined as an incurable disease from which death is foreseen, irreversible, unlikely to recover and the person will die shortly, regardless of whether the treatment is administered (Benitez-Rosario et al. 2023). They can access a specialised health service to help them mitigate their symptoms. PC is an approach that improves the quality of life (QoL) of those who suffer from a life-threatening illness and face its associated physical, psychosocial and spiritual problems (Seow et al. 2021). In Spain, PC is integrated into the

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Summary

- What does this paper contribute to the wider global clinical community? Include one to three bullet points.
  - This multicentre study will explore how students aged 12 to 23 cultivate compassion for individuals in palliative care. It aims to detail the most effective strategies for enhancing this compassion through a well-designed programme that promotes the importance of care within the educational community.
  - This study could improve the quality of life of those in palliative care by increasing the ability of the community to accompany and identify their needs and contribute to building a compassionate community within the youth that will help its members cope with loneliness, health, and social inequality and marginalisation, attributable to death, mourning and distress.
  - This study could reduce the cost and pressure on health services for the associated complications of terminal illnesses (loneliness, lonesomeness, anxiety and depression) through its contribution to building compassionate communities and being part of the international movement.

public services portfolio provided by the health services of the 17 autonomous communities. The PC teams of each province are formed with multidisciplinary professionals who can mobilise the services patients need, comforting them with compassion, improving both families' and sufferers' QoL and providing holistic care.

We can define compassion as a 'benevolent emotional response toward another who is suffering, coupled with the motivation to alleviate their suffering and promote their well-being' (Mongrain et al. 2024). That is, we can describe it as an affective, behavioural, and cognitive process consisting of recognising and understanding suffering, feeling empathy and connecting with the stress of the sufferer, tolerating discomforted feelings that may arise, and acting to mitigate the suffering. Brito Pons has explained compassion through four basic elements: cognition (acknowledging suffering), emotion (empathy), motivation (being willing to take action) and intention (the aspiration to alleviate the suffering) (Brito-Pons 2022). The compassionate person has a high level of compassion satisfaction related to sensitive care, emotional support, having positive interaction and having a sense of purpose (Wurf et al. 2024). Therefore, being compassionate means the person can recognise and respond to others' suffering with respect, listen to their needs, and respect the time and decisions of others, offer emotional support and be present.

Among young individuals, compassion is frequently deemphasised and does not emerge as a central element within their system of values (Trnka et al. 2022). As health researchers committed to society, we must change these trends, seeking to increase self-compassion and compassion for others. To this end, the compassionate community's initiative can be a vehicle for pursuing a more compassionate future global world (Mongrain et al. 2024). The CC is public health initiatives that integrate the PC approach to support terminally ill individuals, providing education on death, dying, and health, offering social support and establishing protocols to restructure PC services (Kellehear 2020). CC seeks to complement healthcare services by empowering communities toward the care of their members facing advanced illness and promotes the idea that health is everyone's responsibility, bringing some of the concepts of PC to the community setting (Librada-Flores et al. 2020). The idea of creating a compassionate community has been transferred to educational settings, but with no intervention evaluation yet. Undergraduates highlighted that universities are a demanding environment with no space for topics related to PC, so their priority is activities focusing on death and bereavement (Bakelants et al. 2024).

Educational institutions are familiar and safe environments where students can openly discuss death and illness, recognise and express their emotions and foster prosocial behaviour (Librada-Flores et al. 2020). The educational Spanish system has public and private educational centres with five educational stages: nursery (up to 6 years old), elementary (from 6 to 12 years old), mandatory (from 12 to 16 years old), bachelor (from 16 to 18 years old) and professional training (from 16 years old). Mandatory education is taught until 16 years old taught in high schools, where students could continue studying a bachelor's course before university or vocational training, or higher education.

Integrating death education into schools can be a lengthy process, but collaborating with local PC teams could be highly beneficial (Friesen et al. 2020). Death education has been mainly developed in the educational field; schools and PC teams could work together to bring concepts of death, dying and compassion into the classrooms (Friesen et al. 2020). Through participatory methodologies such as participatory action research (PAR), it has been possible to introduce concepts of death and compassion to communities, leading to significant improvements in health outcomes (Hasson et al. 2022). The PAR is a method that implements transformative change through the simultaneous process of taking action and conducting continuous evaluations. The reflection phase of the process allows the research team to evaluate the process. In consequence, the results will be stronger as the actions have been changed according to the community's needs (Chang et al. 2023). Although the students of the present research have not participated in the writing of the study protocol to obtain the research grant, they and the schools will actively participate in the design of dynamics, content, activities, deadlines, etc., that will raise awareness and help cultivate compassion in the educational centres.

Numerous studies have highlighted the potential and impact of participatory methodologies in healthcare, particularly when led by nurses. Consequently, PAR holds significant potential to drive positive change among young people by improving health outcomes (Crook and Cox 2022). Mixed methods and participatory designs facilitate the development of care strategies, action plans and more equitable, patient-centred clinical practices tailored to specific contexts (Fàbregues et al. 2020). Thus, this proposed project aims to deepen the understanding of students' awareness-raising processes and how, by acquiring new knowledge (empowerment), they can contribute to transforming local

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realities and fostering community-wide benefits. Accordingly, this project aims to enhance students' compassion to improve care for people in palliative situations. In doing so, it aspires to empower future generations to promote, facilitate and support mutual care while fostering family and community development in the context of diseases requiring PC.

3 | Study

3.1 | Hypothesis

The study hypothesises that participatory action research can cultivate students' compassion toward people in the end-of-life process. This process will facilitate, support, and celebrate mutual care and family and community development in end-of-life processes. Specifically, the project will improve students' compassion through participatory research and achieve a humanised context and better health outcomes for end-of-life patients.

It will also help reduce health research inequalities in a vulnerable group of special interest, especially when treatments cannot save them. However, with interventions like those in this study, we can improve the quality and dignity of the end of life. The proposed study will accomplish this mission by guiding us through the main objective.

3.2 | Aims

3.2.1 | Primary Aim

The primary aim of the study is to analyse the impact of a participatory process of sensitisation and reflection about compassion on students aged 12–23 in terms of the level of compassionate awareness. It also aims to understand how the participatory process can transform compassion in students in six Spanish regions.

3.2.2 | Specific Aims

The specific aims are as follows:

- To determine the level of compassionate awareness in young people towards individuals nearing the end of life through the Compassion for the Lives of Others Scale and the Death Anxiety Scale (DAS).
- To determine the relationship between students' sociodemographic variables and the level of compassion and anxiety faced with death.
- To evaluate the level of compassion for people in end-of-life circumstances, both before and after the execution of the participatory action research.
- To comprehend the essence of compassion among young people to attain a comprehensive understanding of this phenomenon.
- To identify effective compassion practices for those who are approaching the end of their life.
- To evaluate the change in compassion after the implementation of change strategies in a participatory project across various situations.
- To identify the barriers and facilitators that influence the success and sustainability of changes in students' compassion towards death and people at the end of life.

4 | Methodology

4.1 | Design

The proposed research will adopt a transformative sequential mixed methods approach, implemented in two phases (quantitative and qualitative phases), to strengthen the advantages and address the limitations of both approaches (Creswell and Creswell 2018).

In the quantitative phase, we will employ a prospective quasi-experimental design with a pre-post evaluation (in September and June), which will allow us to identify whether there has been a change in the compassion of students in each educational environment and region before and after the PAR. Thus, firstly, we will develop a diagnosis of the situation in compassion in each centre through a pre-evaluation with a pre-questionnaire.

After the pre-evaluation, the qualitative phase will start through a PAR to cultivate compassion in the educational centres. A sequence of cycles has been designed (Kemmis et al. 2014) to develop interventions, implementation and evaluation to understand how sensitisation/participatory reflection can transform compassion in the educational centres.

Finally, a post-evaluation is planned with a final questionnaire to evaluate the change in compassion and death anxiety of students after the activities.

The present study is planned to accomplish a double evaluation of the practice: Quantitative data will allow us to identify whether there has been a change in the compassion of adolescents in each educational environment and region before and after the PAR. The qualitative data will find how the students' discourses coexist with the process of death.

4.2 | Theoretical Framework

This study is based on two paradigms that determine the following models in this investigation. Firstly, a prospective quasi-experimental design with evaluation pre-post in a single group is chosen to recognise the reality of the population. This study type belongs to the post-positivism paradigm, which uses quantitative methods to know the subjects' reality with objective methods (Creswell and Creswell 2018).

Following the community description, in the second phase of the project, the qualitative phase continues to the end of the academic year. The main objective is to get the fullest participation to generate a change in the community, which is the goal of the PAR (Kemmis et al. 2014).

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4.3 | Study Setting, Sampling and Recruitment

Six Spanish regions will implement the project: Murcia, Baleares, Málaga, Huelva, Madrid and Barcelona (PI23/00409 and PI23/00713). To analyse the students' compassion level in every region, a public secondary school and a public university with similar population characteristics will be included.

4.3.1 | Inclusion and Exclusion Criteria

4.3.1.1 | Inclusion Criteria. Students enrolled in one public secondary school (12–18 years old) and in one undergraduate study in a public University (18–23 years old) in each participating Spanish region.

4.3.1.2 | Exclusion Criteria. Students who need curricular adaptation; health science students, because they have more positive attitudes toward caring for dying patients due to their practical work with patients who are facing PC.

4.3.2 | Sample Size

As the project has two phases, the sample size will be different in each one.

In the qualitative phase, a group of volunteers will be formed to promote compassion to the rest of the educational community in each educational centre. These student volunteers, who will spearhead the PAR at their respective universities or institutes, will thus comprise the sample, serving as promoters of change.

In the quantitative phase, in the six participating universities, there are 340 degrees and 92,103 students enrolled. In the six Spanish regions, there are 61 high schools, and the student population is 36,486. The 'pwr' package of R program version 4.3.2 was used to calculate the sample size. With an alpha risk of 0.05, a power of 0.95 and a side effect of 0.15 (using Cohen d) (Nordahl-Hansen et al. 2024), the sample size needed is approximately $n = 579$ to detect pre–post statistical differences. We have considered an estimated 20% loss over the follow-up to ensure this sample size. Therefore, the final sample size will be 1390 participants (695 students from high school and 695 from universities). Thus, the sample size in this phase will be 115 students from universities and 115 students from high schools in each of the participating regions.

4.4 | Instruments

At the beginning of the academic course, students will be invited to complete the questionnaire. In this quantitative phase, a series of sociodemographic and educational variables will be collected from all participants, which will be useful to acknowledge the population characteristics, such as age, gender, religion, education level, academic year, previous experience with dying people and with PC, voluntary activity and volunteer activities in PC.

To acknowledge students' compassion levels before and after the PAR, it will be used the Compassion for Others Scale (COOL Scale) (Klos and Lemos 2018), which has been validated with good psychometric properties will be used ($\alpha = 0.93$; $r = 0.77$).

Compassion requires an empathetic emotion toward someone in suffering and an active decision to reduce it. Therefore, as part of its definition, adding a short version (9 items) of the Basic Emphatic Scale (BES) has been considered to understand students' compassion concept completely. This instrument has been validated ($r = 0.462$ and 0.396; $\alpha = 0.76$ and 0.77) in Spanish-speaking students (Merino-Soto and Grimaldo-Muchotrigo 2015).

Similarly, students' attitudes toward death are another important concept. They will be explored through the DAS (Tomas-Sabado and Gómez-Benito 2002), which assesses 'fear of death, fear of illness, preoccupation with time, preoccupation with death' and has high reliability and content validity for evaluating interventions in this population ($\alpha = 0.73$; $r = 0.87$).

Self-compassion is the shock at one's suffering that generates the desire to alleviate it with kindness. To find out the self-compassion of the students participating in the study, the Self-Compassion Scale (SCS) has been added to the questionnaire. The short self-compassion questionnaire has shown adequate internal consistency ($\alpha > 0.85$) and a correlation with the long form of r between 0.35 and 0.70 (Garcia-Campayo et al. 2014).

After the questionnaire fulfilment, students will be asked to be part of a discussion group (known as the 'compassion promoter group') as a part of the PAR process in the qualitative phase. We have planned two cycles of reflection, planning, action and evaluation, based on the sequence of cycles by Kemmis et al. (2014), integrated into the four compassion dimensions (Brito-Pons 2022). Figure 1 represents a timeline that will guide us through the process, although it remains open to changes based on the group's needs. To conduct the two PAR cycles in each region and educational context, five discussion group meetings are proposed, with clearly defined objectives for each session and suggested work dynamics. The goal is to mobilise and enhance the compassionate awareness of students in the promoter groups and empower them to design open activities for their peers, to engage the broader educational community. They will receive guidance from experts in knowledge transfer, PC and student populations, who are part of the research team, to ensure the rigour of the process. Finally, to evaluate their level of compassion and perception of death after the PAR, a post-questionnaire will be used.

4.5 | Data Collection and Analysis

4.5.1 | Data Collection

The project involves the collection of data in two phases: a quantitative and a qualitative phase.

The quantitative phase: the evaluation scales (quantitative data) will be distributed to the students as a unique pre-test

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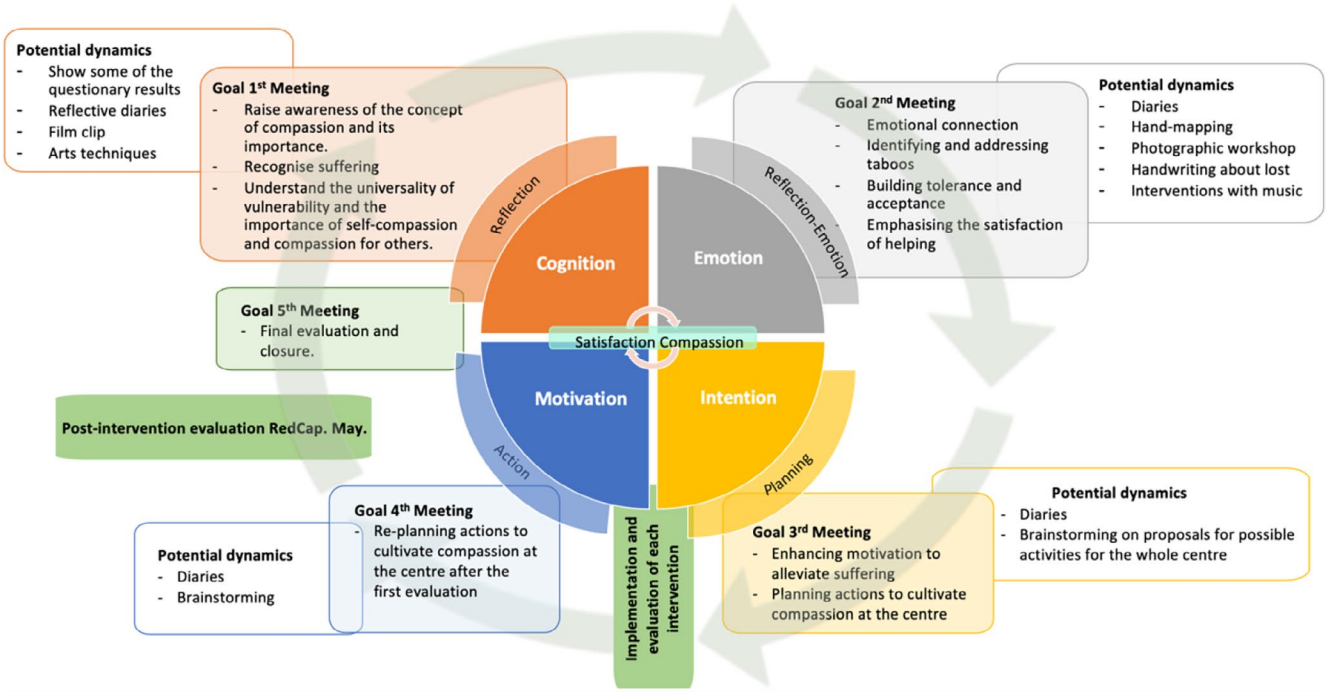

FIGURE 1 | Framework, goals, dynamics and PAR-compassion activities. Based on cycles by Kemmis et al. (2014) and the four compassion dimensions (Brito-Pons 2022).

questionnaire through the different specific communication channels that each educational centre (social media, classroom presentations, informative panels) uses to maintain communication with the students. Firstly, we will anonymously request their permission before entering any information. We will record the responses online using Research Electronic Data Capture (REDCap), an electronic data capture software.

The qualitative phase involves recording all meetings and discussion groups held with the promoter group. We aim to be sensitive to students' narratives regarding compassion for others, suffering, death and accompaniment. The students' discourse will be recorded and transcribed using audio and video transcription software online to enable subsequent analysis.

4.5.2 | Data Analysis

The data analysis will be carried out according to the phases proposed in the study:

During the quantitative phase (before and after the PAR), we will analyse the data using a package from the R program version 4.3.2. We will generally use descriptive statistics with 95% confidence intervals, based on the nature of the variables. A descriptive summary document on students' compassion level will be made in all regions, taking into account differential characteristics such as age, gender, religion, education level, academic year, previous experience with dying people and with PC, voluntary activity and volunteer activities in PC.

The corresponding test scores (COOL Scale, DAS, BES and SCS) will be used depending on the comparison between two or more groups and the independent/matched nature of the data (chi-square, Fisher's exact, Student's *t*-test, ANOVA). For the evolution of change: McNemar, Cochran's Q, Student-Fisher's *t*-test, two-way ANOVA. Multivariate logistic regression models will be constructed to study the association between the variables of interest while adjusting for other covariates.

At the qualitative phase: to fulfil a discourse analysis, a computer-assisted qualitative data analysis software will be used. The analysis is conducted iteratively, using inductive and deductive strategies. In the inductive phase, the different levels of units of meaning are identified in an exhaustive and triangulated manner: codes, subcategories and categories. Each transcribed document will be read and analysed independently by two researchers, making it possible to compare and reach analytical agreements, till meaning saturation. In the deductive phase, the data will be analysed from the data obtained from the literature review and theoretical framework (Rahimi and Khatooni 2024).

4.6 | Ethical Considerations

The research was approved by the Ethics Committee of the University of Murcia (M10/2024/027) before the start of fieldwork. All participants wishing to take part in the project will voluntarily sign the informed consent form, in which, among other things, the data collection system will be explained. Special attention and strict legal compliance will be paid to the participation of underage students. In this scenario, the consent form and the project information will be sent to the parents or legal guardians before sending the underage student the assent (underage of 18 years). Appropriate anonymisation and privacy preservation methods will be employed to ensure the privacy of users when their personally identifiable information is stored, processed and shared.

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During fieldwork, if signs of emotional distress, suffering, or need for support are detected, the protocol for problematic situations in adolescents will be activated. Each territorial team has at least one professional with experience in emotional management and working with adolescents, who will make an initial assessment of the situation.

With the consent of the student (and the legal guardian, if applicable), the school nurse and/or the counsellor of the educational centre will be informed, who will activate the school's internal protocols for support and follow-up. If the case requires it, it will be recommended to contact the child and adolescent mental health services of reference.

Confidentiality and respect will be guaranteed throughout the process, prioritising the well-being of the adolescent. The local team will maintain discreet coordination with the educational centre to ensure that the situation has been addressed. It will be documented anonymously in the project records as a managed incident, without linking personal data.

4.7 | Rigour and Reflexivity

At the beginning of the design phase, a literature review (CRD42024611516) will be carried out to identify the effective activities to improve compassionate awareness in students used by other researchers. Data collection is concurrent and draws on multiple quantitative and qualitative approaches, which will be reviewed to confirm results and expand understanding of observed phenomena (Creswell and Creswell 2018). Triangulation of sources and methods will be conducted, which is one strategy to guarantee methodological rigour in qualitative research. The methods will consist of comparing the information collected in the scales with the content of the discussion groups and member checking. The data will be triangulated by two members of the research team and shared, and they will work responding to authenticity, transferability, auditability and neutrality criteria (Rojas-Bravo and Osorio 2017).

Different saturation techniques will be employed throughout the project process to ensure research quality. The participation of the six Spanish regions ensures a sufficient sample size to reach data saturation (Hennink et al. 2019). Although researchers will reach saturation when no themes emerge from the data analysis of the discussion group meetings' transcription.

In addition, the rigour criteria established in COREQ-32 (Tong et al. 2007) will also be followed in the design of the study with a qualitative methodology. And The Good Reporting of A Mixed Methods Study (GRAMMS) (O'Cathain et al. 2008) guideline will be used to present both qualitative and quantitative data according to its six criteria.

5 | Discussion

This protocol presents a proposed mixed-methods study comprising two cycles of PAR. The study population will consist of undergraduate and high-school students from six provinces across Spain. It is expected that the findings will promote the cultivation of compassion among students and identify the most effective interventions for introducing concepts of death and compassion within younger communities.

At the time this manuscript is published, the recruitment process has started. Despite using various communicative channels (professors, social media, classroom presentations, emails and university TV), recruiting a group of 12 students took us over a month. As it was highlighted in a Lander et al. (2025) review, investigators must know effective recruitment strategies and cooperate with people and institutions who have direct contact with the study's target group.

As is expected, the limitations inherent to each approach can be addressed by combining different methods, allowing for a more comprehensive evaluation of changes reflected in the assessment scales. This approach also allows for a careful look at how well the goals, the methods used and the specific things measured by the chosen assessment tools match up.

The final step of the project process is the evaluation. Researchers must continuously evaluate the participative process to identify better ways to cultivate compassion, demonstrate the nature of death to students and ensure that all students in the selected centres are reached. The methodological knowledge generated in the present proposed research, using mixed methods and triangulation techniques, will allow us to deepen our understanding of the best strategy for evaluating this type of method.

5.1 | Strengths and Limitations

There are some areas where this project will have relevance.

- Firstly, the global impact encompasses increasing compassion knowledge among students with effective strategies.
- Consequently, the population at the end of their life would benefit from the development of community compassionate behaviour, which improves their QoL. Students will gain the ability to confront illness and death, which will foster a moral sense of caring and attentiveness during the palliative process. Moreover, individuals involved will understand the importance of building compassionate communities because care is everyone's responsibility.
- As a third standard, it is believed that health system pressure and secondary consequences from patients' and caregivers' loneliness (anxiety and depression) would be decreased in new generation communities of care.
- The involvement of multiple centres provides strong data because of the large number of participants in a short time, improving accuracy and helping to find specific benefits, small connections, or uncommon effects.
- The evaluation process will also contribute to the databases of quantitative and qualitative studies.
- Lastly, this study would contribute to building a more empathetic and compassionate community through the actions it accomplished, which could be done again in the future.

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- We have taken into account some limitations. Some parents might be reluctant to let their children join the study since adults hardly discuss death.
- Moreover, another limitation may arise from the multicentre approach due to the variability and complexity of the data. Furthermore, a possible risk is that the study's central message fails to resonate with the community and does not achieve the anticipated level of dissemination.
- On the other hand, the PAR methodology has its limitations due to the long period needed for its development, as people need time to internalise the concept that this project will bring to the population.

5.2 | Recommendations for Further Research

Further research should deepen the understanding of how participatory compassion-based interventions unfold over time, through follow-up studies grounded in mixed-method approaches. These designs are well suited to capturing the complexity of students' experiences and the evolving nature of their compassionate attitudes, emotional development and capacity for collective care.

Moreover, there is a pressing need to promote creative, dialogical and participatory methodologies that are tailored to the specific realities of vulnerable populations, such as students. Exploring how these approaches support agency, meaning-making and community engagement can offer valuable insights for future interventions that aim to humanise educational spaces and public health practices.

5.3 | Implications for Policy and Practice

This study supports the integration of compassion and death education into formal curricula at secondary schools and universities. By incorporating such content into health promotion strategies, educational institutions can contribute to preparing students to respond to suffering with empathy, solidarity and action.

At a policy level, this model of participatory intervention offers a scalable and transferable approach that can inform future initiatives within public health and education systems. It contributes to reducing inequalities in access to PC knowledge and empowers students as active agents in building compassionate, health-literate communities. Aligning educational policies with public health goals in this area may enhance the resilience and social cohesion of future generations.

6 | Conclusions

This study addresses a significant gap in health research by proposing a participatory, school-based approach to cultivating compassion in students toward individuals facing end-of-life situations. The outlined protocol has the potential to influence public health and educational policy by embedding compassion as a core value in educational communities. By introducing end-of-life education within student environments, this research highlights the critical role of schools and universities as drivers of cultural and social transformation.

Implementing structured compassion interventions through Participatory Action Research empowers students not only to reflect on suffering and loss but also to translate this awareness into concrete actions that strengthen compassionate communities. These interventions may generate long-term shifts in social norms and health behaviours by promoting empathy, reducing stigma around death and fostering collective responsibility for care.

Author Contributions

Eva Abad-Corpa: conceptualization (lead), funding acquisition (lead), writing – review and editing (lead). **Rosa Miró-Bonet:** conceptualization (lead), funding acquisition (lead), writing – review and editing (lead). **Miriam Espinosa-Sánchez:** writing – review and editing (equal), project administration and resources (lead). **Pilar Barnestein-Fonseca:** writing – original draft preparation (equal), funding acquisition (equal). **Rafaela Camacho-Bejarano:** writing – original draft preparation (equal), funding acquisition (equal). **Pilar Delgado-Hito:** writing – original draft preparation (equal), funding acquisition (equal).

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Disclosure

This project have undergone a rigorous review process from a strategic and scientific point of view through a blind external evaluation by pairs of expert researchers supervised by a National Agency (https://www.aei.gob.es/evaluacion). This study was registered at https://clinicaltrials.gov/ with NCT06310434 as study identification before the registration of the first participant.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Peer Review

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References

Aekwarangkoon, S., J. LeClair, and L. D. Oakley. 2022. "Early Findings of a Nurse-Led Youth Activist Program in Mind Caring." *Public Health Nursing* 39, no. 5: 993–999. https://doi.org/10.1111/phn.13078.

Bakelants, H., F. Van Droogenbroeck, K. Chambaere, et al. 2024. "A Compassionate University for Serious Illness, Death, and Bereavement: Qualitative Study of Student and Staff Experiences and Support Needs." *Death Studies* 48, no. 5: 442–453. https://doi.org/10.1080/07481187.2023.2233495.

Benitez-Rosario, M. Á., A. Alonso-Babarro, and T. González-Guillermo. 2023. "Protocolos de Tratamiento en Cuidados Paliativos."

Brito-Pons, G. 2022. "La Compasión Como Eje de la Relación de Ayuda." In *Mindfulness y Compasión en la Relación de Ayuda*, edited by L. Conejos Ara and M. Nabal Vicuña, 119–138. Nau Llibres. https://dialnet.unirioja.es/servlet/libro?codigo=854933.

Chang, H. Y., P. L. Mao, and C. Y. Huang. 2023. "Nurse-Led Shared Decision-Making on Complementary Therapy Use by Patients With Diabetes: A Participatory Action Research." *Journal of Clinical Nursing* 32, no. 17–18: 6310–6321. https://doi.org/10.1111/jocn.16718.

Creswell, J., and D. Creswell. 2018. *Research Design. Qualitative, Quantitative & Mixed Methods Approaches*. 5th ed. Sage Publications.

Crook, D. J., and P. Cox. 2022. "A Case for Complexity-Informed Participatory Action Research With Young People." *Education, Citizenship and Social Justice* 17, no. 2: 188–202. https://doi.org/10.1177/1746197921995153.

Dumont, K., I. Marcoux, É. Warren, et al. 2022. "How Compassionate Communities Are Implemented and Evaluated in Practice: A Scoping Review." *BMC Palliative Care* 21, no. 1: 131. https://doi.org/10.1186/s12904-022-01021-3.

Eklund, R., U. Kreicbergs, A. Alvariza, and M. Lövgren. 2020. "Children's Self-Reports About Illness-Related Information and Family Communication When a Parent Has a Life-Threatening Illness." *Journal of Family Nursing* 26, no. 2: 102–110. https://doi.org/10.1177/1074840719898192.

Fàbregues, S., Q. N. Hong, E. L. Escalante-Barrios, T. C. Guetterman, J. Meneses, and M. D. Fetters. 2020. "A Methodological Review of Mixed Methods Research in Palliative and End-Of-Life Care (2014–2019)." *International Journal of Environmental Research and Public Health* 17, no. 11: 3853. https://doi.org/10.3390/ijerph17113853.

Friesen, H., J. Harrison, M. Peters, D. Epp, and N. McPherson. 2020. "Death Education for Children and Young People in Public Schools." *International Journal of Palliative Nursing* 26, no. 7: 332–335. https://doi.org/10.12968/ijpn.2020.26.7.332.

Garcia-Campayo, J., M. Navarro-Gil, E. Andrés, et al. 2014. "Validation of the Spanish Versions of the Long (26 Items) and Short (12 Items) Forms of the Self-Compassion Scale (SCS)." *Health and Quality of Life Outcomes* 12, no. 4: 1–9. https://doi.org/10.1186/1477-7525-12-4.

Hasson, N., M. Urtaran-Laresgoiti, R. Nuño-Solinís, et al. 2022. "Community-Based Participatory Research for the Development of a Compassionate Community: The Case of Getxo Zurekin." *International Journal of Integrated Care* 22, no. 1: 2. https://doi.org/10.5334/ijic.5707.

Hennink, M. M., B. N. Kaiser, and M. B. Weber. 2019. "What Influences Saturation? Estimating Sample Sizes in Focus Group Research." *Qualitative Health Research* 29, no. 10: 1483–1496. https://doi.org/10.1177/1049732318821692.

Kellehear, A. 2020. "Compassionate Cities: Global Significance and Meaning for Palliative Care." *Progress Palliative Care* 28, no. 2: 115–119. https://doi.org/10.1093/qjmed/hct200.

Kemmis, S., R. McTaggart, and R. Nixon. 2014. *The Action Research Planner*. Springer. https://doi.org/10.1007/978-981-4560-67-2.

Kennedy, C. J., and F. Gardner. 2022. "Researching Death, Dying and Bereavement: Tales of Grounded Theory, Reflexivity and Compassion." *Qualitative Research* 22, no. 6: 862–876. https://doi.org/10.1177/14687941211000560.

Klos, M. C., and V. N. Lemos. 2018. "Adaptación y Validación de un Instrumento Para Evaluar el Constructo Compasión." *Revista Evaluar* 18, no. 2: 31–44.

Lander, J., S. Wallraf, D. Pieper, et al. 2025. "Recruiting Participants for Focus Groups in Health Research: A Meta-Research Study." *BMC Medical Research Methodology* 25, no. 1: 9. https://doi.org/10.1186/s12874-025-02464-x.

Librada-Flores, S., M. Nabal-Vicuña, D. Forero-Vega, I. Muñoz-Mayorga, and M. D. Guerra-Martín. 2020. "Implementation Models of Compassionate Communities and Compassionate Cities at the End of Life: A Systematic Review." *International Journal of Environmental Research and Public Health* 17, no. 17: 1–15. https://doi.org/10.3390/IJERPH17176271.

Liu, C. J., S. J. Huang, and S. S. C. Wang. 2022. "Implementation of Compassionate Communities: The Taipei Experience." *Healthcare (Basel)* 10, no. 1: 177. https://doi.org/10.3390/HEALTHCARE10010177.

Merino-Soto, C., and M. Grimaldo-Muchotrigo. 2015. "Structural Validation of the Basic Empathy Scale Modified for Adolescents: A Preliminary Study." *Revista Colombiana de Psicología* 24, no. 2: 261–270. https://doi.org/10.15446/rcp.v24n2.42514.

Mongrain, M., J. Kirby, and D. Keltner. 2024. "Editorial: Community Series: Expanding the Science of Compassion, Volume II." *Frontiers in Psychology* 14: 1341792. https://doi.org/10.3389/fpsyg.2023.1341792.

Nordahl-Hansen, A., H. Cogo-Moreira, S. Panjeh, and D. S. Quintana. 2024. "Redefining Effect Size Interpretations for Psychotherapy RCTs in Depression." *Journal of Psychiatric Research* 169: 38–41. https://doi.org/10.1016/j.jpsychires.2023.11.009.

O'Cathain, A., E. Murphy, and J. Nicholl. 2008. "The Quality of Mixed Methods Studies in Health Services Research." *Journal of Health Services Research & Policy* 13, no. 2: 92–98. https://doi.org/10.1258/jhsrp.2007.007074.

Rahimi, S., and M. Khatooni. 2024. "Saturation in Qualitative Research: An Evolutionary Concept Analysis." *International Journal of Nursing Studies Advances* 6: 100174. https://doi.org/10.1016/j.ijnsa.2024.100174.

Rojas-Bravo, X., and B. Osorio. 2017. "Criterios de Calidad y Rigor en la Metodología Cualitativa." *Gaceta de Pedagogía* 36: 63–75. https://www.researchgate.net/profile/Belkys-Osorio/publication/367625469_Criterios_de_Calidad_y_Rigor_en_la_Metodologia_Cualitativa/links/654d4b50ce88b87031d8bc7e/Criterios-de-Calidad-y-Rigor-en-la-Metodologia-Cualitativa.pdf#page=65.

Román-Calderón, J. P., A. Krikorian, E. Ruiz, A. M. Romero, and M. Lemos. 2024. "Compassion and Self-Compassion: Counterfactors of Burnout in Medical Students and Physicians." *Psychological Reports* 127, no. 3: 1032–1049. https://doi.org/10.1177/00332941221132995.

Seow, H., R. Sutradhar, F. Burge, et al. 2021. "End-Of-Life Outcomes With or Without Early Palliative Care: A Propensity Score Matched, Population-Based Cancer Cohort Study." *BMJ Open* 11, no. 2: e041432. https://doi.org/10.1136/bmjopen-2020-041432.

Tomas-Sabado, J., and J. Gómez-Benito. 2002. "Psychometric Properties of the Spanish Form of Templer's Death Anxiety Scale." *Psychological Reports* 91, no. 8: 1116–1120. https://doi.org/10.2466/pr0.91.8.1116-1120.

Tong, A., P. Sainsbury, and J. Craig. 2007. "Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups." *International Journal for Quality in Health Care* 19, no. 6: 349–357. https://doi.org/10.1093/intqhc/mzm042.

Trnka, R., J. Mana, and M. Kuška. 2022. "Age-Related Differences in Valence and Arousal of Emotion Concepts." *Ageing and Society* 42, no. 9: 1991–2007. https://doi.org/10.1017/S0144686X20001865.

13652648, 2026, 6, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jan.70235 by Servicio Murciano De Salud, Wiley Online Library on [29/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Vitorino, J. V., B. V. Duarte, A. M. Ali, and C. Laranjeira. 2024. "Compassionate Engagement of Communities in Support of Palliative and End-Of-Life Care: Challenges in Post-Pandemic Era." *Frontiers in Medicine* 11: 1489299. https://doi.org/10.3389/fmed.2024.1489299.

WHO. 2020. "Palliative Care." https://www.who.int/es/news-room/fact-sheets/detail/palliative-care.

Wurf, G., R. Giosserano, K. Vivekananda, L. D'Souza, U. Ong, and S. Licqurish. 2024. "Motivation and Compassion Satisfaction of Volunteer Bereavement Photographers: A Mixed Methods Study." *Journal of Loss and Trauma* 29, no. 2: 202–220. https://doi.org/10.1080/15325024.2023.2249400.

13652648, 2026, 6, Downloaded from https://onlinelibrary.wiley.com/doi/10.1111/jan.70235 by Servicio Murciano De Salud, Wiley Online Library on [29/07/2026]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License